

## STAFF

### Admin. Director

Janice Cook 334.206.5610

### Administrative Assistant

Erin Wesley 334.206.5557

### Program Manager

Vicki Nelson 251.438.2809

### North Region /Completeness Coordinator

Diane Hadley 256.734.2529

### South Region /Quality Assurance Coordinator

Mark Jackson 251.433.7809

### Central Region/Audit Coordinator

Shri Walker 334.206.7035

### Non-Hospital Reporting Source / Edu. Coordinator

Briana McCants 334-206-7068

### Operation Analyst

Xuejun Shen 205.685.4173

### Epidemiologist

Justin George 334.206.3962

### DC Coordinator/Research Assistant

Tracey Taylor 334.206.7022

### Casefinding Auditor

Shirley Williams 334.206.4173

### Casefinding Auditor

Bobbie Bailey 205.554.4516

## Table Of Contents

Award	2
Completeness	2
Non-Registry Reporters	3
Esophageal Cancer	4
Urinary Cancer	5
MP/H & Coding	5
Education	6
Schedule, Data Resources & Other	7

## Central Update:

The ASCR will be undergoing review and evaluation by the Center's for Disease Control's National Program of Cancer Registries on August 21-22, 2008. Two individuals representing the NPCR will be conducting a comprehensive assessment of operations including the areas of completeness, timeliness and quality of data. In addition, other areas to be reviewed will be the central registry's organizational structure and staffing, procedural and operations manuals, management reports, electronic data exchange processes, and data analysis and utilization. Each area will be evaluated in terms of achievement of standards. This review process will also afford the ASCR an opportunity to discuss challenges, barriers, and successes within our state. We are looking forward to sharing about the significant strides Alabama (*our reporting sources*) has made related to improved timeliness of reporting. We are very proud to say that less than 1% of our reporters are non-compliant with reporting requirements. The few remaining delinquent facilities are very near achieving compliant status, and within the next three months we plan to update that statistic to 100% compliance. Great Job!!!

## ICD-9-CM Annual Updates

NCHS has released updated ICD-9-CM codes to be effective October 1, 2008. In reviewing these codes, there are several new neoplasia codes that will be needed for casefinding and follow-up. This annual update is provided as addenda changes to both the index and tabular list of ICD-9-CM. These addenda were updated on 05/30/2008 and 7/18/2008.

- **ICD-9-CM Index Addenda.** 52 pp. (10/01/2008)
- **ICD-9-CM Tabular Addenda.** 72 pp. (10/01/2008)
- **ICD-9-CM Tabular 5th digits.** 36 pp. (10/01/2008)
- **ICD-9-CM Index Addenda Errata.** 1 pp. (10/01/2008)
- **ICD-9-CM Tabular Addenda Errata**

Please see the following website for the details of these addenda:  
<http://www.cdc.gov/nchs/dataawh/ftpserv/ftplCD9/ftplCD9.htm>

The ASCR will be updating its reportable list accordingly before October 1. You will be notified via blast email when the new reportable list is posted to our website.

# Alabama Data Certified Once Again



Congratulations!!!

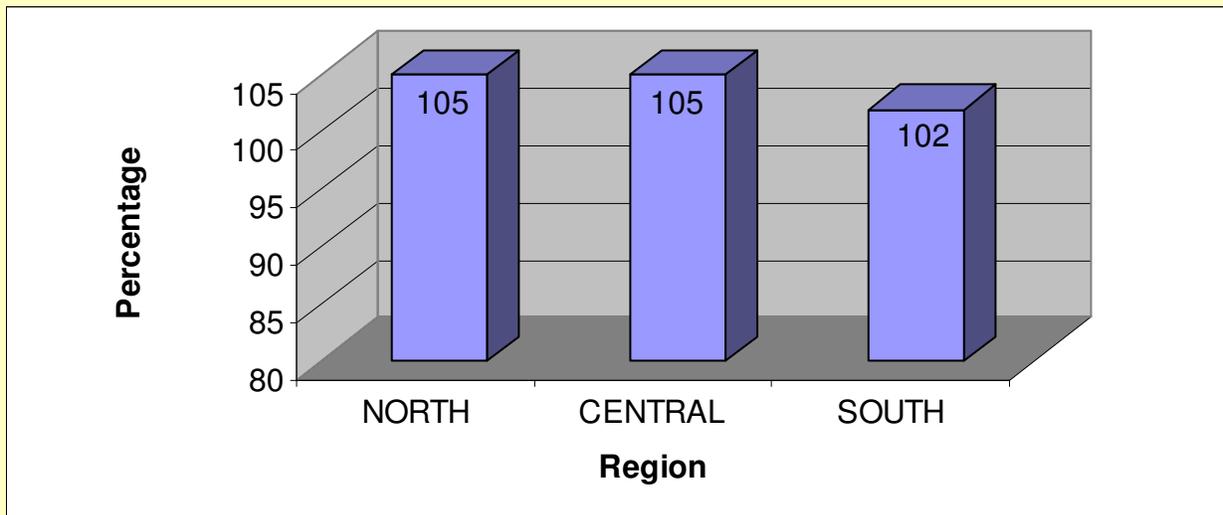
All data reporters!

This award is for you too!

The North American Association of Central Cancer Registries awarded Alabama the Gold Standard for excellence in data quality, completeness and timeliness for the 2005 data year.

Be very proud of the work that you do to further understanding of cancer in Alabama!

## 2007 DATA COMPLETENESS BY REGION



\*As of August 12, 2008

# A NOTE TO...Non-Registry Reporters

The ASCR would like to thank all of the non-registry reporters that attended one of the three Web Plus training sessions we offered during the past few months. These programs have proven to be very beneficial, both for the end users and the ASCR. To date the ASCR has collected nearly 1500 cases since the first Web Plus files were submitted last November. Some of which were previously going unreported.

Non-Registry reporters are defined as low-volume hospitals, free-standing cancer centers, surgery centers, physician’s offices or groups, clinics, etc., that do not have a cancer registry in place to report their cancer cases to the state, but rather have designated staff member who reports the cases diagnosed and/or treated at their facility.

We would like to invite and encourage the staff of all non-registry reporting sources to join with Alabama’s cancer registry community, by participating in all training activities of the Alabama Cancer Registrars Association as well. Membership in this organization provides, annual educational activities, networking, and CEUs, as well as many other opportunities for career growth and expansion.

## Web Plus Do’s and Don’ts

In the data fields Pat Referred To and Pat Referred From, **DO** zero fill the entire data field with 10 zeros when no referral was completed.

Using Search Functions in Web Plus: **DO** simplify searches by entering a last name only, then scrolling down to find the appropriate physician, or by partial entry of a facility name.

**DON’T** leave any text fields blank...if no info is available please offer an explanation.

**DO** carefully enter the proper format for the Date of Diagnosis field (mm/dd/yyyy)

**DO** see the corrections made within Web Plus to the dialogue boxes associated with the Operative and Surgical Text fields.

**DON’T** forget to SAVE your work frequently!

**DO** include complete and thorough TEXT throughout the abstract!

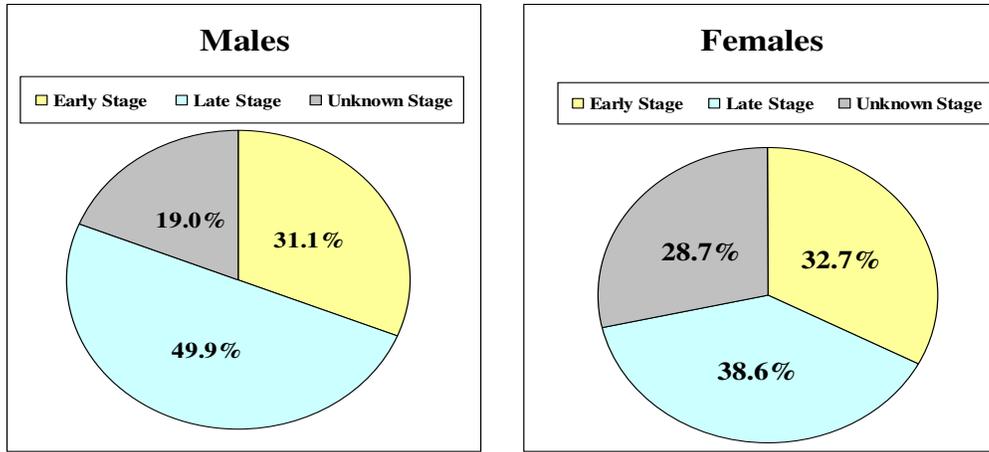
**DO** let us know if you have questions...we’re here to help!

## Examples, Suggestions & Ideas: Making the Process Simple

Data Item	Description	DATA Entry Examples	Rationale
Date of 1st Contact	2 digit month 2 digit day 4 digit year	11/15/2007	This date may represent an InPt or OutPt visit for DX and/or treatment (ie. biopsy, xray, or laboratory test, etc)
Date of Diagnosis	2 digit month 2 digit day 4 digit year	06/05/2006	This should be the very <u>first/initial</u> date of this dz process. If it is unknown—use the date of 1st pos. xray or biopsy or surg, etc.
Dx Confirmation	Positive histology and positive cytology are the most common selections, however, positive xrays/scans may also be appropriate.	05/01/2008 Initial dx made via positive mammogram  05/05/2008 Dx confirmed at excisional bx & lumpectomy	This reflects the best method used for confirmation of the cancerous disease process.
Rx Date Diagnostic Staging	2 digit month 2 digit day 4 digit year	Bladder, bx 06/27/2007 Breast bx, 03/24/2007 No surgical tx done	This field should include any biopsy or procedures that remove a tissue <u>sample</u> (but not surgery).

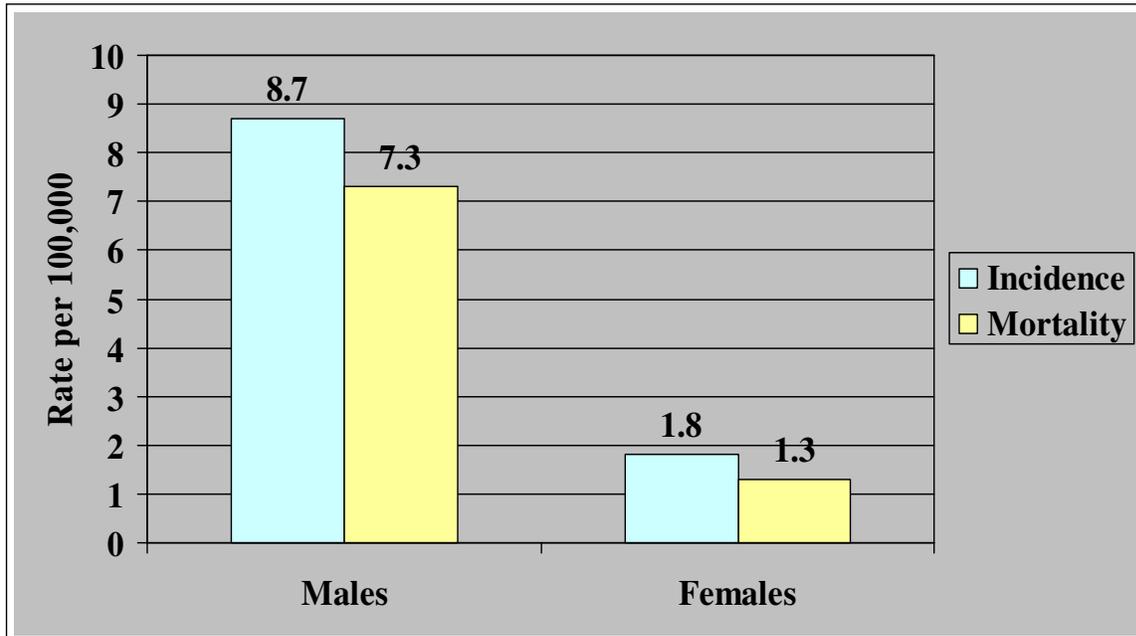
CONTINUED ON PAGE 6

### Alabama Esophageal Cancer by Stage 2004-2006



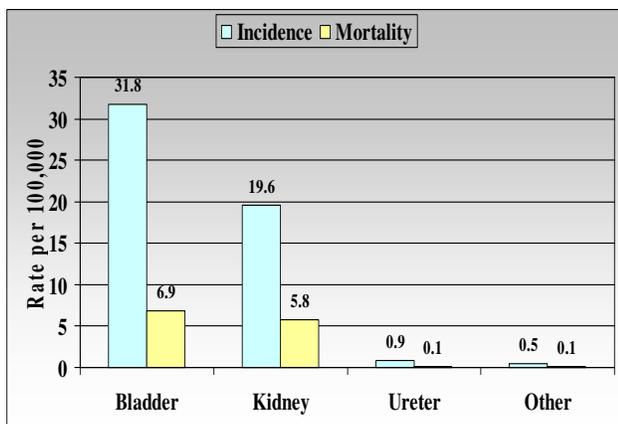
Source: Alabama Statewide Cancer Registry 2008

### Alabama Esophageal Cancer Incidence and Mortality Rates 2002-2006



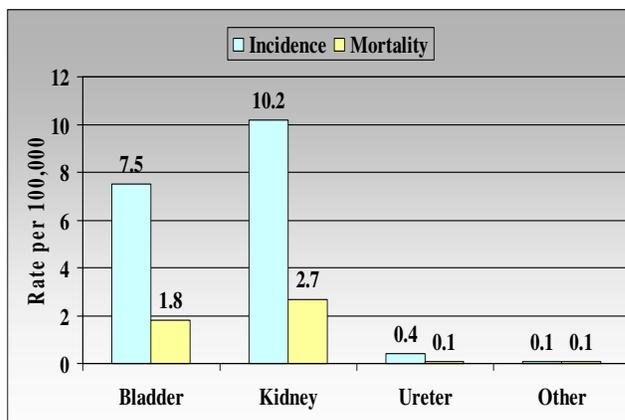
All rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age group) standard.  
Source: Alabama Statewide Cancer Registry 2008.

Alabama Urinary System Cancer Incidence and Mortality Rates in Males 2002-2006 by Cancer Site



All rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age group) standard. Source: Alabama Statewide Cancer Registry 2008.

Alabama Urinary System Cancer Incidence and Mortality Rates in Females 2002-2006 by Cancer Site



All rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age group) standard. Source: Alabama Statewide Cancer Registry 2008.

**MULTIPLE PRIMARY/HISTOLOGY**

**Did you know?**

If you have multiple tumors of any combination of the sites and histologies listed below, they would be considered a single primary.

**Rule M8** Urothelial tumors in two or more of the following sites are a single primary\*

Renal pelvis	C659
Ureter	C669
Bladder	C670-C679
Urethra /prostatic urethra	C680

**Note:** (Excl. lymphoma and leukemia, and Kaposi sarcoma)

**Urothelial/Transitional Cell Tumors**

With squamous differentiation	8120
With glandular differentiation	
With trophoblastic differentiation	
Nested Microcystic	
Transitional cell, NOS	
Papillary carcinoma	8130
Papillary transitional cell	
Micropapillary	8131
Lymphoepithelioma-like	8082
Plasmacytoid Sarcomatoid	8122
Giant cell	8031
Undifferentiated	8020

**Note:** Excludes pure squamous carcinoma, glandular (adeno) carcinoma, or other bladder tumor histologies.

**CODING POINTS:**

**ESOPHAGEAL CARCINOMA**

The coding points listed below are drawn directly from routine edit reports and quality assessments of the Alabama data.

• Esophageal Coding Rules

1. Tumor size is coded to 998 any time the tumor is stated to be circumferential, regardless of size.
2. If an esophageal tumor is located above and below the GE junction, the histology determines the site of origin:  
  
Squamous cell, small cell and undifferentiated carcinomas = esophagus  
  
Adenocarcinoma and signet ring cell carcinomas = gastric
3. When Barrett's esophagus is present, adenocarcinoma in both the gastric cardia and lower esophagus is most likely esophageal in origin.

# ASCR Education Plan

The ASCR has been working on revising its education plan. The opportunity to improve data quality through improved education has been the catalyst for the development of a comprehensive education plan at the ASCR over the last two years. The overarching educational goals are to identify needs, provide direction and offer support to reporting sources, as well as develop and maintain cooperative collaborations and establish new partnerships in an effort to produce and maintain the highest quality of data possible in Alabama. In addition, the CDC's National Program of Cancer Registrars (NPCR), has supported this effort through their Train-The-Trainers program and their National Education and Training S (NETS) project. The ASCR will now offer the following educational programs based upon identified need and/or specified interest/request:

## Basic CR Principles

This program provides an instruction to basic CR concepts including: reportability and casefinding, medical terminology, basic anatomy & physiology, abstracting, introduction to staging (CS, SEER Summary and TNM), and ICD-O coding. Participants in this session should have less than 2 years experience in cancer data collection.

## Intermediate Cancer Registry Principles

This program will focus on fine tuning Cancer Registry skills reiterating rules and principles of staging and coding.

**Advanced CR Principles:** Abstraction and coding of difficult and rare cancer cases, data utilization, overview of statistical analysis and introduc-

tion to research.

**Quality Assurance, Edits and Data Reporting**  
Review of the benefits of QA/QC; how to use edits as a learning tool and the importance of timely, quality data reporting.

## CR Operations and Standards

Emphasis on registry operations, standards and functions primarily according to the Commission on Cancer.

## Web Plus and Non-Registry Reporting

Non-registry reporting requirements and procedures to meet state ASCR reporting laws.

## Multiple Primary and Histology Coding

In-depth review of the Multiple Primary and Histology Coding rules implemented with cases diagnosed January 1, 2007.

## CTR Preparation Review

Review of entry level Cancer Registry Principles as outlined by the National Cancer Registry Association; Registry Organization and Operations; Concepts of Abstracting, Coding, and Follow-up; Data Analysis and Interpretation; Computer Principles.

## Utilizing CR Data

Explores the usage of data; the benefits to reporting facilities and cancer registrars; linking two files and assessing outputs.

## Benign Brain Tumors

Review of the appropriate methods of identifying, collecting and reporting Benign Brain and Central Nervous System Tumors.

For more details, contact the ASCR directly.

CONTINUED FROM PAGE 3

Data Item	Description	DATA ENTRY Examples	Rationale
X-ray/Scan Text	Describes the extent of tumor spread as seen on xrays and/or scans	<b>CXR SCAN:</b> Mediastinal Nodes (+) for mets, 02/28/2008 <b>MRI SCAN:</b> Bone Mets, 05/01/2008 <b>BREAST ULTRASOUND:</b> Tumor Rt Upper Quadrant & Tumor Lt Outer Inner Quadrant 05/02/2008 <b>Pelvic/Abd CT:</b> Mets in liver	Information used to apply Collaborative Stage codes.
Operative Procedure(TEXT)	The extent of disease as seen during the operation.	05/01.2008, Lg fungating lesion, ascending colon, no enlarged nodes seen.	Information used to apply Collaborative Stage codes.
Surgery (TEXT)	Name of Surgical Procedure.	05/01/2008 Rt. Hemicolectomy	Provides information to included in treatment codes,

# DISASTER RESPONSE WALLET CARDS

The National Cancer Institute's (NCI) Cancer Information Service (CIS) and the American Society of Clinical Oncology (ASCO) have teamed up to develop a wallet card for cancer patients to use in the event of a natural or national disaster. After the devastation caused to the Gulf Coast region by Hurricanes Katrina and Rita in 2005, many cancer patients in this region found themselves evacuated from their homes and without access to their physicians or medical records. NCI and ASCO worked together to help connect displaced cancer patients to resources for continuing treatment. Following the 2005 hurricane season, NCI and ASCO continued their collaboration to develop a Disaster Response Wallet Card. This card is designed to serve as an aid to displaced patients seeking continued cancer treatment.

<p><b>LINKING cancer patients to their doctors in a disaster</b></p>	<p>For help during a natural or national disaster when you can't reach your doctor, contact the following resources to find out how to access care:</p>
<p>National Cancer Institute (NCI)  <a href="http://www.cancer.gov" style="color: yellow;">www.cancer.gov</a>  <b>1-800-4-CANCER</b> (1-800-422-6237)</p>	
<p>American Society of Clinical Oncology (ASCO)            Patient Web site: <a href="http://www.cancer.net" style="color: yellow;">www.cancer.net</a></p>	

Please print the following information	
Name:	
Diagnosis:	
Treating physician:	
Treatment regimen:	
<b>A partnership of ASCO and NCI</b>	

- The Disaster Response Wallet Card guides displaced cancer patients to NCI's and ASCO's resources in the event of a natural or national disaster for "real time" urgent services.
- In the event of a natural or national disaster, the CIS will facilitate the sharing of information between physicians, health care personnel and patients/families searching for each other.
- In the event of a natural or national disaster, the CIS will utilize its communication infrastructure to distribute important messages to patients, families and friends, and health care providers.
- The Disaster Response Wallet Card provides space for the patient's name, diagnosis, date of diagnosis, and treatment regimen to aid in continuity of care.
- The Disaster Response Wallet Card will be distributed as part of a pilot program in the Gulf Coast states of Florida, Alabama, Mississippi, Louisiana, and Texas during the 2008 hurricane season.
- The Disaster Response Wallet Card was developed with the input of oncologists and oncology nurses.
- The wallet card may be ordered by individuals or oncology practices in Gulf Coast states only by calling CIS at 1-800-4-CANCER. Quantities may be limited.



**ALABAMA DEPARTMENT OF PUBLIC HEALTH**

Alabama Statewide Cancer Registry  
The RSA Tower  
204 Monroe Street, Suite 1400  
Montgomery, Alabama 36130-3017

Capturing Cancer Data in Alabama  
Find us on the web  
Http://www.adph.org/cancer\_registry

ASCR News is published quarterly for those involved in cancer data collection in Alabama. Contact us to submit articles for publication.

**Vicki Nelson, MPH, RHIT, CTR, Editor**

Editorial Reviewers:

Janice Cook, MBA,  
Shri Walker, BS, CTR  
Diane Hadley, BS, RHIT, CTR

**REMINDERS**

- **DOWNLOAD Collaborative Stage Replacement Pages...many changes to SSFs.**
- **CTR Exam coming in September**

**Any NEW CTRs?  
Announce It Here!**

**ASCR COMPLETENESS SCHEDULE**

Current	Completeness	Timeliness
Jul 08	8%	Jan 08
Aug 08	17%	Feb 08
Sep 08	25%	Mar 08
Oct 08	33%	Apr 08
Nov 08	42%	May 08
Dec 08	50%	Jun 08
Jan 09	58%	Jul 08
Feb 09	67%	Aug 08
Mar 09	75%	Sep 08
Apr 09	83%	Oct 08
May 09	92%	Nov 08
Jun 09	100%	Dec 08

**EDUCATIONAL OPPORTUNITY**

**ACRA Annual**

**Fall Meeting**



**“CONQUERING CANCER WITH KNOWLEDGE AND TEAM POWER”**

**Featuring:**

**Dr. Frederick Green**  
ACoS Commission on Cancer

**Cynthia Boudreaux**  
NCRA-CoC Liaison

**Birmingham**  
**Oct. 3-4**

Registration Fee:  
\$50.00 Members  
\$75.00 Non-Mbrs

Contact: Pat Caldwell  
205-934-3677

**NEED COMPARATIVE DATA?  
TRY ONE OF THESE RESOURCES**

- **ASCR:** [www.adph.org/cancer\\_registry](http://www.adph.org/cancer_registry)
  - Alabama Cancer Facts and Figures
  - Site-Specific State Maps
  - County Profiles
- **CDC:** [www.cdc.gov](http://www.cdc.gov)
  - US Cancer Statistics
    - Incidence and Mortality Data
  - Annual Report to the Nation on Status of Cancer
  - US County Cancer Incidence Dataset
  - WONDER (Wide-ranging Online Data for Epidemiologic Research)
    - Interactive Cancer Incidence Database
    - Charts
    - Maps
    - Tables
- **NAACCR:** [www.naacr.org/cancer\\_research](http://www.naacr.org/cancer_research)
  - Cancer in North America

**Robert Hendrickson Memorial Scholarship**

This scholarship provides the opportunity for an eligible applicant to sit for the Certified Tumor Registrar (CTR) Exam, to be considered to receive support through expense reimbursement related to out of pocket expenses for the CTR Exam. At NCRA's discretion, multiple partial scholarships may be offered. SEE details at [NCRA.org](http://NCRA.org). August 29, 2008 deadline.